



## Requirements and Instructions for Receiving A Zero Emission Vehicle Incentive II Grant

### **Applicant and Vehicle Eligibility Requirements for the ZIP II Grant.**

These are the instructions and application documents for the Zero Emission Vehicle Incentive Program II (ZIP II). The Legislature approved funding in the Fiscal Year 2001-2002 State Budget for this ZIP II. ZIP II can provide up to \$5,000 per new eligible zero emission vehicle (ZEV). Applicant and vehicle eligibility requirements are specified in the Air Resources Board's (ARB's) program guidelines and are available from the Program Manager (See contact information on Page 2.) or on the Internet at [www.arb.ca.gov/msprog/zevprog/zip/zip.htm](http://www.arb.ca.gov/msprog/zevprog/zip/zip.htm). Any individual, local government entity or agency, public agency, nonprofit organization, private business or a federal government can apply. For a leased vehicle, the applicant shall be the individual or entity that is financially responsible for the cost of the registration of the vehicle.

Applicant and vehicle must meet requirements that include, but are not limited to, the following:

1. The applicant is a resident of the State of California or represents an entity that conducts business in the State of California.
2. The applicant has purchased or is leasing a new zero emission vehicle (ZEV) that meets the criteria specified in the ARB Program Guidelines.
3. The purchase or lease of this new ZEV commenced on or after May 1, 2002 and on or before June 30, 2004.
4. This new ZEV is registered with the California Department of Motor Vehicles for use in California.

### **There are two options for receiving the grant:**

#### **1) "Grant Assignment"**

You may consider assigning the grant to a participating lessor or purchasing agent. The participating lessor or purchasing agent would then receive the entire grant amount directly from the Program Manager. This will allow the lessor to reduce the lease or purchase price of the qualifying vehicle by the entire grant amount, giving you lower monthly lease payments or a lower purchase price. If you are leasing the vehicle and the lease period is less than 36 months, you or the participating lessor should contact the Program Manager, as the maximum grant for the ZEV may be reduced. This grant may be taxable, so please contact your tax professional or the Internal Revenue Service for additional information. If you choose this option, complete and submit, through the participating lessor or seller, the following items to the Program Manager (See contact information on next page.):

- ☐ A completed Application for Zero Emission Vehicle Incentive II Grant (Form MSCD/ZEV-05A). If multiple vehicle grants are requested, Form MSCD/ZEV-05B may be completed and attached to Form MSCD/ZEV-05A.
- ☐ A completed Assignment of Zero Emission Vehicle Incentive Grant II Form (Form MSCD/ZEV-06)

- ☐ A copy of the lease/purchase agreement signed by all parties with an itemization of credits, discounts, incentives received, if applicable
- ☐ A copy of the current vehicle registration

2) **“Direct Payment”**

With this option, you would receive your grant directly. The grant will be sent out upon approval of your grant application. If you intend to lease a new ZEV for less than 36 months, you should contact the Program Manager, as the maximum grant for that ZEV may be reduced. This grant may be taxable so please contact your tax professional or the Internal Revenue Service for additional information. If you choose this option, complete and submit the following items to the Program Manager:

- ☐ A completed Application for Zero Emission Vehicle Incentive II Grant (Form MSCD/ZEV-05A). If multiple vehicle grants are requested, Form MSCD/ZEV-05B may be completed and attached to Form MSCD/ZEV-05A.
- ☐ A copy of the lease/purchase agreement signed by all parties with an itemization of credits, discounts and incentives received, if applicable
- ☐ A copy of the current vehicle registration

**PRIVACY STATEMENT**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his/her social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payments from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right or if you have any questions regarding this Privacy Statement, please contact the Program Manager of the Statewide Zero Emission Vehicle Incentive Grant Program at (866) 808-0189.

**◆CONTACT INFORMATION◆**

Statewide ZEV Incentive Program  
California Air Resources Board, MSCD/ZEV  
1001 I Street, Sacramento, CA 95814  
P.O. Box 2815, Sacramento, CA 95812

Mark Williams, Program Manager  
Telephone: (916) 327-5610  
Toll Free Line: (866) 808-0189  
FAX: (916) 322-3923  
E-Mail: mwilliam@arb.ca.gov

General Information Line: 1-800-END-SMOG



# Application for Zero Emission Vehicle Incentive II Grant

Obtain from ARB  
Voucher Number:

Complete and Submit to:  
Program Manager, Statewide ZEV Incentive Program,  
California Air Resources Board, MSCD/ZEV  
P.O. Box 2815, Sacramento, California 95812  
Toll Free Line: (866) 808-0189

<b>A. APPLICANT INFORMATION</b> <i>(Please print.)</i>		
Name of Vehicle Owner/Lessee:		<b>PURPOSE:</b> Information contained in this form will be used by the Air Resources Board for determining grant eligibility, processing grant allocations, and to prepare Information Returns (Form 1099).  (See Privacy Statement in Requirements and Instructions)
Street Address:		
City:	State:	Zip Code:
Mailing Address:		
Telephone Number:	FAX Number:	E-mail Address (optional):
<b>B. PAYMENT OPTION</b>		
<i>Please check option and initial:</i> <input type="checkbox"/> <b>Direct Payment</b> <i>(Initial here: _____)</i> <input type="checkbox"/> <b>Grant Assignment</b> <i>(Also complete and submit Form MSCD/ZEV-06.) (Initial here: _____)</i>		
<i>Please check one box below, as applicable, and provide the requested information:</i>		
<input type="checkbox"/> Private Individual, Sole Proprietor	<u>Social Security Number:</u>	
<input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnerships, Estates or Trusts	<b>OR</b> <u>Federal Employer's Identification Number:</u>	
<b>C. VEHICLE INFORMATION</b> ( <input type="checkbox"/> Multiple vehicles-Form MSCD/ZEV-05B is attached. <i>Initial here: _____</i> )		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months <i>(if applicable)</i> :	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact <i>(Please print name and title.)</i> :		Telephone Number:
<b>I hereby certify to the best of my knowledge and belief that the requirements for this grant as specified in H&amp;SC 44260-44265 and the Air Resources Board's (ARB's) program guidelines have been met and that all information provided in this application and supporting attachments are true and correct.</b>		
Name of Applicant, or Authorized Representative and Title <i>(Please print.)</i> :		
Signature:		Date:
<b>FOR ARB USE ONLY:</b>		
Name and Title <i>(Please print.)</i> :	Date:	Approval Number
Signature:	Grant Amount:	Number of Allotments



<b>Please Indicate Total Number of Vehicles:</b> _____		
<b>VEHICLE #</b>		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months ( <i>if applicable</i> ):	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact ( <i>Please print name and title.</i> ):		Telephone Number:
<b>VEHICLE #</b>		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months ( <i>if applicable</i> ):	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact ( <i>Please print name and title.</i> ):		Telephone Number:
<b>VEHICLE #</b>		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months ( <i>if applicable</i> ):	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact ( <i>Please print name and title.</i> ):		Telephone Number:
<b>VEHICLE #</b>		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months ( <i>if applicable</i> ):	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact ( <i>Please print name and title.</i> ):		Telephone Number:
<b>VEHICLE #</b>		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months ( <i>if applicable</i> ):	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact ( <i>Please print name and title.</i> ):		Telephone Number:
<b>VEHICLE #</b>		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months ( <i>if applicable</i> ):	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact ( <i>Please print name and title.</i> ):		Telephone Number:
<b>VEHICLE #</b>		
Date of Purchase or Date on Which Lease Commences:	Lease Term in Months ( <i>if applicable</i> ):	
Make, Model and Model Year of ZEV:	Vehicle Identification Number (VIN):	
Manufacturer/Lessor Contact ( <i>Please print name and title.</i> ):		Telephone Number:





## Assignment of Zero Emission Vehicle Incentive II Grant

Obtain from ARB  
Voucher Number:

Complete and Submit with Form MSCD/ZEV-05A to:  
Program Manager, Statewide ZEV Incentive Program,  
California Air Resources Board, MSCD/ZEV  
P.O. Box 2815, Sacramento, California 95812  
Toll Free Line: (866) 808-0189

By signing and submitting this form through the lessor, dealer or sales representative, you, the lessee or purchaser, the authorized representative of the lessee or purchaser are assigning the entire grant amount to the lessor or sales representative. This will allow the lessor or sales representative to reduce the price of the qualifying vehicle by the available grant amount, giving you a lower monthly lease cost or purchase price. This grant may be taxable, so please contact your tax professional or the Internal Revenue Service for additional information.

I, the lessee or authorized representative of the lessee, hereby certify to the best of my knowledge and belief to the following:

1. I am a resident of the State of California or represent an entity conducting business in the State of California.
2. I am leasing/purchasing a new zero emission vehicle that meets the criteria in the ARB's program guidelines. The Vehicle Identification Number (VIN) is set forth below.
3. The lease/purchase of this new zero-emission vehicle commences on the date set forth below, which is on or after May 1, 2002 and on or before June 30, 2004.
4. This new zero-emission vehicle is or shall be registered with the Department of Motor Vehicles for use in California.
5. I understand that H&SC Sections 44260-44265 provide zero-emission vehicle incentive grants to lessees/purchasers of eligible zero-emission vehicles. I hereby assign my rights to these grants to \_\_\_\_\_. I understand that, in consideration of this assignment, my vehicle lease cost or purchase price has been reduced by an amount equal to the amount of the grant assigned to \_\_\_\_\_.

Name of Lessee, Purchaser or Authorized Representative and Title ( <i>Please print.</i> ):		
Signature:		Date:
<input type="checkbox"/> Check, if this assignment is for multiple vehicles identified in Form MSCD/ZEV-05B. Initial here: _____		
Make, Model and Model Year of ZEV:		Vehicle Identification Number (VIN):
Date on Which Lease/Purchase Commences:		Lease Term in Months:
Lessor/Sales Representative:		
Lessor/Sales Representative Address:		
City:	State:	Zip Code:
Federal Employer's Identification Number:		

**I, the lessor/sales agent, hereby certify to the best of my knowledge and belief that the requirements of this grant as specified in H&SC Sections 44260-44265 and the Air Resources Board's program guidelines have been met and that all information provided in this application and supporting attachments are true and correct.**

Name of Lessor/Sales Representative Agent and Title ( <i>Please print.</i> ):	Telephone Number:
Signature:	Date: